

Registration District No. 378

Primary Registration District No. 42225526

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Rural Fayette, Richmond Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Eulah Lucile McCullough,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife M.L. McCullough, 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 3rd 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dr Jerome Potts,

13. Birthplace Missouri,  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Lee Mills,

15. Birthplace Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant M.L. McCullough,

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 7-19th 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary,

18. (a) Signature of funeral director Guy T. Halley,  
Fayette Mo.

(b) Address \_\_\_\_\_  
19. (a) Aug 6, 1940 (b) Miss. V. C. Bonham  
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,  
Fayette,  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1940 hour 9<sup>00</sup> minute A. M.

21. I hereby certify that I attended the deceased from June 130 to July 18, 1940, that I last saw her alive on July 16, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix Duration 1930

Due to \_\_\_\_\_ 48

Due to \_\_\_\_\_  
Other conditions General cachexia 1938  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Mr J. Shaw (M. D. or other) M.D.  
Address Fayette, Mo. Date signed 7-18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 1956

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-9-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ray T. Halling

Licensed Embalmer No. 2911

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.